

Legal Assistance Resource Center

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**Testimony before the Human Services Committee on
SB 251, AAC Programs Administered by the Department of Social Services,
HB 5442, AAC the State-Administered General Assistance Program,
and HB 5324, AAC Medicaid Applications by Married Persons**

by Jane McNichol, Executive Director

March 4, 2014

I am Jane McNichol, Executive Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for legal services programs in the state. We represent the interests of very-low income residents of the state.

I am here to speak in support of SB 251, AAC Programs Administered by the Department of Social Services. As you know, and as has been testified to today and in other forums, residents eligible for assistance through DSS face severe problems applying for and maintaining needed benefits. Problems include unreasonably long waits for service at offices and at the call centers and failure to record and process documents that are submitted to DSS in a timely manner. This failure results in improper termination of benefits and excessive waits for access to benefits for new applicants.

The changes proposed in SB 251 would make the ConneCT system easier for members of the public by ensuring that documents are accepted through any means available to an applicant for or recipient of benefits and by adding a date to the MyAccount display. The date would make it easier to identify what documents are listed on MyAccount and provide a confirmation of the date a document was received.

In addition to the solutions proposed in SB 251, I urge you to:

- a) Incorporate into this bill other proposals, including
 - **continuing eligibility at renewal/redetermination** until DSS has been able to make a final determination of ineligibility, rather than assuming ineligibility. Proposed language on this is at the end of my testimony;
 - requiring that a **date-stamped receipt** be issued whenever a document is submitted to DSS;
 - establishing ways that **social service providers can efficiently contact DSS** to resolve issues; and
 - other proposals advanced at this hearing.
- b) Support other bills this session that address this problem, including:
 - funding for **additional staffing for DSS** that is included in the proposed budget; and
 - adopting **continuous eligibility** in the HUSKY program, as proposed in RB 5137, AAC the Eligibility of Children Enrolled in the HUSKY Plan.

We oppose the elimination of family coverage in the SAGA (State-Administered General Assistance) program, as proposed in HB 5442, An Act Concerning the State-Administered

General Assistance Program.

I believe that this change is proposed because family coverage is supposed to have shifted entirely to the Temporary Family Assistance (TFA) program. It is true that cash assistance for families is generally provided through the TFA program.

There are two reasons why families might still need this program:

- the SAGA cash assistance program can provide needed cash more quickly than the TFA program. The required processing time for SAGA is shorter than the 45 days allowed in the TFA program. SAGA can serve as a needed bridge to the TFA program for families.
- we believe that there are still a few categories of families who are eligible for SAGA but not for TFA.

This is a very small program; it does not have any real impact on the budget. But we should not eliminate the program as obsolete when there is still a need for it in some cases. This program will become even more important when DSS is able to process SAGA cases within the required time limits.

HB 5324, AAC Medicaid Applications by Married Persons, appears to be an attempt to get information on married people on Medicaid who are accessing long-term care. However, as written, it requires the collection and reporting of information on the marital status of all people receiving health care coverage through Medicaid. References to Medicaid in this bill should be modified to reflect that information need only be collected on married couples accessing long-term care.

Thank you for your work on these important issues.

Draft Language To Continue Benefits Pending Redetermination (Amendment To SB 251)

(c) The Commissioner of Social Services shall ensure that the department can readily identify (1) all redetermination forms which have been received for any program it administers and are waiting to be processed, and (2) which of these forms were received by the deadline provided by the department for their submission and which were submitted after that deadline.

(d) The Commissioner shall ensure that, for all benefit programs other than Supplemental Nutritional Assistance Program, no beneficiary who has timely submitted a redetermination form by the deadline provided by the department will be terminated from their benefits until a review of the redetermination form is completed and the individual is found to no longer be eligible based on what is stated on that form or obtained from other sources.

(e) The Commissioner shall ensure that all beneficiaries of the Supplemental Nutritional Assistance Program, who submit the redetermination form by the deadline provided by the department, are afforded an opportunity for an interview sufficiently before the end of the renewal period so that the redetermination can be timely processed.